



PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/086,335
		Filing Date	Mar 1, 2002
		First Named Inventor	Newman, Jerry
		Art Unit	1654
		Examiner Name	Michelle Flood
Total Number of Pages in This Submission		Attorney Docket Number	4532670/59100 (KEM 60) <b>TECH CENTER 1600/2900</b>

**RECEIVED****JAN 12 2004**

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> Restriction Requirement <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Kent A. Herink
Signature	
Date	December 23, 2003

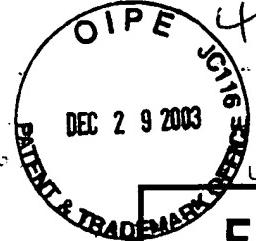
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Signature		Date	December 23, 2003

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1654 \$

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$110.00)

Complete if Known

Application Number	10/086,335
Filing Date	3/1/2002
First Named Inventor	Newman, et al.
Examiner Name	Michelle Flood
Art Unit	1654
Attorney Docket No.	4532670/59100

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-2250 Deposit Account Name: Davis, Brown, Koehn, Shors & Roberts, P.C.				<b>3. ADDITIONAL FEES</b> Large Entity      Small Entity Fee Code    Fee (\$)      Fee Code    Fee (\$)      Fee Description      Fee Paid 1051       130      2051       65 Surcharge – late filing fee or oath 1052       50      2052       25 Surcharge – late provisional filing fee or cover sheet 1053       130      1053       130 Non-English specification 1812      2,520      1812      2,520 For filing a request for ex parte reexamination 1804      920*      1804      920* Requesting publication of SIR prior to Examiner action 1805      1,840*      1805      1,840* Requesting publication of SIR after Examiner action  1251       110      2251       55 Extension for reply within first month      110.00 1252       420      2252       210 Extension for reply within second month 1253       950      2253       475 Extension for reply within third month 1254      1,480      2254      740 Extension for reply within fourth month 1255      2,010      2255      1,005 Extension for reply within fifth month 1401       330      2401       165 Notice of Appeal 1402       330      2402       165 Filing a brief in support of an appeal 1403       290      2403       145 Request for oral hearing 1451      1,510      1451      1,510 Petition to institute a public use proceeding 1452       110      2452       55 Petition to revive – unavoidable 1453       1,330      2453       665 Petition to revive – unintentional 1501       1,330      2501       665 Utility issue fee (or reissue) 1502       480      2502       240 Design issue fee 1503       640      2503       320 Plant issue fee 1460       130      1460       130 Petitions to the Commissioner 1807       50      1807       50 Processing fee under 37 CFR 1.17(q) 1806       180      1806       180 Submission of Information Disclosure Stmt 8021       40      8021       40 Recording each patent assignment per property (times number of properties) 1809       770      2809       385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810       770      2810       385 For each additional invention to be examined (37 CFR 1.129(b)) 1801       770      2801       385 Request for Continued Examination (RCE) 1802       900      1802       900 Request for expedited examination of a design application  Other fee (specify) _____ *Reduced by Basic Filing Fee Paid      SUBTOTAL (3) (\$110.00)			
1. BASIC FILING FEE Large Entity      Small Entity Fee Code    Fee (\$)      Fee Code    Fee (\$)      Fee Description      Fee Paid 1001      770      2001      385 Utility filing fee 1002      340      2002      170 Design filing fee 1003      530      2003      265 Plant filing fee 1004      770      2004      385 Reissue filing fee 1005      160      2005      80 Provisional filing fee							
SUBTOTAL (1) (\$)							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Claims      Fee from below      Fee Paid Total Claims      -20** =      X      = Independent Claims      -3** =      X      = Multiple Dependent      =  Large Entity      Small Entity Fee Code    Fee (\$)      Fee Code    Fee (\$)      Fee Description							
1202      18      2202      9      Claims in excess of 20 1201      86      2201      43      Independent claims in excess of 3 1203      290      2203      145      Multiple dependent claim, if not paid 1204      86      2204      43      **Reissue independent claims over original patent 1205      18      2205      9      **Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2) (\$)							
** or number previously paid, if greater; For Reissues, see above							

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Kent A. Herink	Registration No. (Attorney/Agent)	31025	Telephone	515-288-2500		
Signature	<i>Kent A. Herink</i>			Date			

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